

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County *Bath*

Vot. Pol. *5108*

Ino. Town

City

Registration District No. *2*

Primary Registration District No.

(No. *81*, Ward)

File No.

Registered No. *6*

(If death occurred in a hospital, nursing home, or other institution, give the name and street and number.)

FULL NAME *Hallie 725 Coaty*

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

DATE OF BIRTH *about 1836*

AGE *72* yrs. *1* mo. *1* da. IF LESS than 1 day... hrs. or... min.?

OCCUPATION (a) Trade, profession, or particular kind of work *farmer* (b) General nature of industry business or establishment in which employed (or employer)

BIRTHPLACE (State or country) *Bath Co Ky*

NAME OF FATHER *Bill Mc Coaty*

BIRTHPLACE OF FATHER (State or country) *don't know*

MAIDEN NAME OF MOTHER *Polly Mc Coaty*

BIRTHPLACE OF MOTHER (State or country) *don't know*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Thos Rayor*

(Address) *Salt Lake Ky*

Filed *4-4, 1918*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Apr 4 1918*

I HEREBY CERTIFY, That I attended deceased from *Mar 18, 1918, to Mar 27, 1918*, that I last saw him alive on *Mar 27, 1918*, and that death occurred on the date stated above at *11* a.m. The CAUSE OF DEATH was as follows:

Organic Heart Lesion

(Duration) *4* yrs. *1* mo. *1* da.

Contributory (Secondary) (Duration) *1* yrs. *1* mo. *1* da.

(Signed) *P. J. Jones* M. D. *Apr 4, 1918* (Address) *Halt Lake Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from UNKNOWN CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death... yrs... mos... da. In the State... yrs... mos... da.

Where was disease contracted, if not at place of death? Former or usual residence

PLACE OF BURIAL OR REMOVAL *Jones G. yard* DATE OF BURIAL *4-4, 1918*

UNDERTAKER *none* ADDRESS

WRITE CLEARLY, WITH IMPANGING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PUNCTURE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.